## SERIAL NO. ILING DATE APPEICANTISI MULTIPLE DEPENDENT CLAIM -3-31-99 FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. OEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. • 32-

TOTAL

TOTAL DEP.

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